

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 565194

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	3			1		
5	0	1		1		
6	0	1		1		
7	0	1		1		
8	0	1		1		
9	0	1		1		
10	0	1		1		
11	0	1		1		
12	0	1		1		
13	0	1		1		
14	0	1		1		
15	0	1		1		
16	0	1		1		
17	0	1		1		
18	0	1		1		
19	0	1		1		
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	24	←	22	←		←
TOTAL CLAIMS	25	↓	23	↓		↓

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.					←	
TOTAL CLAIMS					←	